Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement

CDC-RFA-OT18-1803

Application Due Date: 04/24/2018

Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement
CDC-RFA-OT18-1803
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-OT18-1803. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

New, Type-1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-1803

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.772

F. Dates:

1. Due Date for Letter of Intent (LOI):	**03/30/2018**
2. Due Date for Applications:	**04/24/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

First: March 12, 2018, 3:00–4:30 pm (EDT)

Final: March 20, 2018, 2:00–3:30 pm (EDT)

Conference Call Line (Toll Free): 1-800-369-1960 | Participant Passcode: 9975592

Due to the volume and variety of questions anticipated during the Informational Conference call, applicants are encouraged to submit questions beforehand to OSTLTSTribalNOFO@cdc.gov.

G. Executive Summary:

1. Summary Paragraph:

CDC announces a new cooperative agreement (CoAg) for eligible federally recognized tribal nations and regional AI/AN tribally designated organizations to strengthen and improve the public health infrastructure and performance of tribal public health systems. This program's

intent is to assist tribal entities with strengthening tribal public health leadership and workforce; improving access to tribal-specific data, surveillance, and analytics; developing and adapting evidence-based or evidence-informed programs, services, and resources; and improving public health policies and organizational practices that increase the sustainability of the collective tribal public health system. Ultimately, this CoAg aims to 1) decrease morbidity and mortality among American Indians/Alaska Natives (AI/ANs); 2) advance the capacity of Indian Country to identify, respond to, and mitigate public health threats; 3) improve the capacity of the workforce to deliver essential public health services; 4) increased culturally-appropriate practice-based evidence programs and policies that are effective and sustainable throughout Indian Country; and 5) improve the capacity to collaboratively and strategically address AI/AN health needs and advance health equity.

a. Eligible Applicants: Limited
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 25
Each applicant should identify the following geographic category they serve: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X. The following is the approximate number of awards for each category:

- Category A: up to 8 awards
- Category B: up to 8 awards
- Category C: up to 9 awards

d. Total Period of Performance Funding: $62,500,000

e. Average One Year Award Amount: $50,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 08/01/2018
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this program, CDC strongly encourage recipients to leverage other resources and related ongoing efforts to promote sustainability.

Sources for cost sharing or matching include complementary foundation funding, other US government funding sources, including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, US Park Service) and other funding sources.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Historically, tribal public health systems have been separated from the larger US public health system, which has led to limited strategic partnerships with federal, state, and local partners; underdeveloped infrastructure; data access barriers; and diminished public health workforce. Tribal health systems provide public health services across the United States and are central to reducing health disparities in tribal nations. Building tribal public health infrastructure enhances Indian Country's capacity to prevent disease, promote health, and prepare for and respond to emerging threats and chronic challenges.

This program will provide resources for American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of tribal public health systems, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats and decrease burden of disease among AI/ANs. This program's ultimate outcomes are 1) decreased morbidity and mortality among AI/ANs; 2) advanced capacity of Indian Country to identify, respond to, and mitigate public health threats; 3) improved capacity of the workforce to deliver essential public health services; 4) increased culturally-appropriate practice-based evidence programs and policies that are effective and sustainable throughout Indian Country; and 5) improved capacity to collaboratively and strategically address AI/AN health needs and advance health equity.

Funding will assist in through public health infrastructure improvement; workforce development; tribal data and information systems enhancement; increased tribal public health resources and communication; and tribal public health partnership development to increase the long-term sustainability of the collective tribal public health system.

Applicants must identify the following within the Project Narrative:

- Applicant type (**Identify only one**.)
    - AI/AN tribal nation
    - Regional AI/AN tribally designated organization
- Geographic category
    - Category A: HHS Regions I, II, III, and IV
    - Category B: HHS Regions V, VI, and VII
    - Category C: HHS Regions VIII, IX, and X
- Capacity-building and quality improvement needs for **one or more** target populations (see 2. Target Populations on page 10 of NOFO)
    - Tribal public health department(s)
    - Workforce segments across tribal public health departments
    - Nongovernmental tribal public health component(s)

- **One or more** of the six Strategic Area(s) of focus found on the logic model (see page 5 of NOFO)
- **Two or more** of the 10 bolded Outcomes found on the logic model (see page 5 of NOFO)

OT18-1803 has a two-part funding strategy. This NOFO details the first funding strategy. The second funding strategy will available only to applicants that are awarded funds under this program and is subject to the availability of appropriated funds and agency priorities. The second funding strategy will be detailed in a supplement to CDC-RFA-OT18-1803 and posted to www.grants.gov following selection and notification to applicants that will receive initial funding.

b. Statutory Authorities

Authority: under section 317(k)(2) of the Public Health Service Act [42 USC 247(b)(k)(2), as amended].

c. Healthy People 2020

This program closely addresses the *Healthy People 2020* (HP2020) Public Health Infrastructure objectives, especially those addressing core competencies (PHI-1), comprehensive epidemiology services (PHI-13) performance assessments (PHI-14), community health improvement plans (PHI-15), agency-wide quality improvement (PHI-16), and accreditation (PHI-17). Recipients may work toward objectives in any HP2020 topic area as they address public health needs and seek to improve the health of their population. HP2020 is an important national document for health departments to use in community health assessment and health improvement planning activities.

d. Other National Public Health Priorities and Strategies

The strategies and related activities described are based on CDC priorities and evidence-based recommendations from public health organizations, including HHS, *HP2020*, and the 2011 *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*. In the plan, HHS commits to continuously assess the impact of all policies and programs on racial and ethnic health disparities, and will promote integrated approaches, evidence-based programs, and best practices to reduce these disparities. These tribal public health capacity-building strategies and activities are designed to fulfill the mission in protecting and promoting population health in the United States.

e. Relevant Work

Via OT13-1303, CDC is currently funding six recipients focused on strengthening and improving the infrastructure and performance of tribal public health agencies and systems through capacity building and quality improvement. The recipients are categorized as Priority Area 1 or Priority Area 2. To reduce health concerns within AI/AN communities, Priority Area 1 recipients are implementing disease interventions or strengthening and building organizational infrastructure. The Priority Area 2 recipient is monitoring and evaluating quality improvement

for all Priority Area 1 recipients.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

OT18-1803: Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement Logic Model			
Strategic Areas and Activities	**Short-term Outcomes**	**Intermediate Outcomes***	**Long-term Outcomes***
	Bold indicates project period outcome		
1. **Tribal Public Health System Infrastructure** – Activities to improve Tribal public health operational capacity such as policies and plans, administration and management, and quality improvement. This includes assessments, studies, stakeholder analyses, etc. to identify needs and strengthen Tribal public health infrastructure and systems.	**Increased implementation of tools and processes that build operational capacity and effectiveness**	**Increased use of nationally established standards, such as those for public health department accreditation**	Decreased morbidity and mortality among AI/ANs
2. **Tribal Public Health Workforce** – Activities to improve Tribal public health workforce competencies and retention. This includes activities to identify current competency needs and implementation of evidence-based/informed strategies, such as continuing education.	**Increased use of core and discipline-specific public health competencies among public health workers**	**Increased number of qualified public health workers**	Advanced capacity of Indian Country to identify, respond to, and mitigate public health threats
3. **Tribal Data/Information Systems, including Epidemiologic Surveillance Capacity Expansion** – Activities to increase the use of data and information. This includes activities to improve health data collection, interpretation, and dissemination.	**Improved tribal health data collection, maintenance, interpretation, and dissemination of findings**	Increased proportion of Healthy People 2020 objectives tracked regularly at the tribal level	Improved capacity of the workforce to deliver essential public health services
4. **Tribal Public Health Programs and Services** – Activities to strengthen the ability to meet public health needs in a comprehensive manner. This includes activities to increase access to care and promote the use of culturally adapted evidence-based/informed programs and practices.	**Translation of evidence-based/informed practices into culturally-appropriate public health programs, policies, and services**	**Implementation of culturally practice-based evidence programs and services**	Culturally-appropriate practice-based evidence programs and policies that are effective and sustainable throughout Indian Country
5. **Tribal Public Health Resources and Communication** – Activities to improve provision of public health resources (e.g., education materials, information sharing methods, assessment tools, publications, evaluation tools) which are readily available and accessible throughout Indian Country. This includes activities to improve the communication of public health information, evidence-based science, and national recommendations to various audiences.	**Development of culturally relevant public health resources and communication tools**	Culturally relevant public health resources and communication tools are used	
6. **Tribal Public Health Partnerships** – Activities to improve development and maintenance of multi-sectorial, results-driven partnerships at various levels. This includes activities to build and maintain active partnerships internal and external to the Tribal public health system.	**Established multi-sectorial (e.g., schools, healthcare, public safety, commerce) partnerships to address capacity building and quality improvement**	**Increased coordination of multi-sector partnerships to generate collective public health impact**	Improved capacity to collaboratively and strategically address AI/ANs' health needs and advance health equity

*Outcomes may overlap between Strategic Areas.

i. Purpose

This program will provide resources for American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of tribal public health systems, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats and decrease burden of disease among AI/ANs.

ii. Outcomes

During the period of performance, recipients are expected to carry out the program capacity building and quality improvement strategies and activities to achieve the program outcomes and document additional outcomes accomplished. Applicants should identify **two or more** of the following 10 outcomes:

Short-Term Outcomes:

- Increased implementation of tools and processes that build operational capacity and effectiveness
- Increased use of core and discipline-specific public health competencies among public health workers
- Improved collection, maintenance, interpretation, and dissemination of tribal health data
- Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services
- Development of culturally relevant public health resources and communication tools
- Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement

Intermediate Outcomes:

- Increased use of nationally established standards, such as those for public health department accreditation
- Increased number of qualified public health workers
- Implementation of culturally practice-based evidence programs and services
- Increased coordination of multi-sector partnerships to generate collective public health impact

Post period of performance, the capacity building and quality improvement activities will contribute to strengthening in public health capacities and capabilities, including leadership action and governance, delivery of essential public health services, health outcomes related to national objectives, information infrastructure and communication processes, data collection, reporting and implementation of evaluation and research findings, and policy assessment. Strengthening these capacities and capabilities will advance public health systems throughout Indian Country, improve and protect the health of AI/ANs, and create healthier tribal communities.

iii. Strategies and Activities

Within the Project Narrative, applicants must clearly identify and address **one or more** of the following strategic areas.

1. *Tribal Public Health Systems Infrastructure Improvement:* Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement, may include, but are not limited to, the following

- Assess and address gaps in organizational performance using tools such as national standards
- Establish and maintain a plan with policies and procedures for urgent and non-urgent communications
- Conduct a comprehensive planning process resulting in a tribal health improvement plan (PHAB Standard 5.2)

- Assist the target population in building new models that integrate clinical and public health
- Develop and implement a health department organizational strategic plan
- Implement data-driven approaches, such as quality improvement and performance management, within organizational practices, programs, processes, and interventions (PHAB Standards 9.1 and 9.2)
- Establish and maintain effective financial management systems
- Establish and maintain a continuity of operations plan
- Establish and maintain current operational definitions and statements of the public health roles, responsibilities, and authorities (PHAB Standard 12.1)

2. *Tribal Public Health Workforce:* Activities to improve tribal public health workforce competencies and retention may include, but are not limited to, the following:

- Select or develop culturally appropriate trainings, educational materials, and process evaluation tools to build workforce capacity
- Identify and address continuing education for core and discipline-specific competencies and leadership development needs
- Incorporate core and discipline-specific competencies for public health professionals into job descriptions and performance evaluations (HP 2020 PHI-1)
- Use core and discipline-specific public health competencies, individual training and professional development, and provisions of a supportive work environment to ensure a competent workforce (PHAB Standard 8.2)
- Implement culturally appropriate evidence-based and evidence-informed strategies to develop and sustain supportive work environments
- Promote the use of internships, fellowships, post-graduate programs, etc., to recruit and strengthen the public health workforce
- Inform and educate health officials and other governing leaders on public health issues and functions and their role in strategic workforce development

3. *Tribal Data/Information Systems Including Epidemiologic Surveillance Capacity Expansion*: Activities to increase the use of data and information systems may include, but are not limited to, the following:

- Create policies to establish data governance
- Identify and implement culturally appropriate strategies and protocols to improve health data collection, interpretation, and dissemination
- Participate in or lead a collaborative process resulting in a comprehensive community health assessment
- Develop and implement strategies and protocols critical for integrating surveillance and monitoring systems to improve health data collection, interpretation, and dissemination
- Create manuals and protocols to improve data quality and standardization of data and information systems
- Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population (PHAB Standard 1.2)

- Develop and implement strategies to promote informatics and health information exchange among health/public health and nongovernmental entities
- Provide and use the results of the health data analysis and assessments to develop recommendations regarding public health policy, processes, programs, and interventions (PHAB Standard 1.4)
- Provide staff training on data collection, analysis, and reporting

4. *Tribal Public Health Programs and Services:* Activities to strengthen the ability to meet public health needs in a comprehensive manner may include, but are not limited to, the following:

- Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
- Assist the target population with identifying and prioritizing programs that efficiently maximize effectiveness in lowering disease rates, preventing injuries, and improving health
- Assess healthcare service capacity and access to healthcare services
- Evaluate the health effects and costs of legislation, regulations, and policies
- Identify and implement strategies to improve linkage to healthcare services (PHAB Standard 7.2)
- Facilitate the target population's cultural adoption of evidence-based and evidence-informed initiatives that promote health and prevent disease and injury
- Identify and use the best available evidence for making informed public health practice decisions (PHAB Standard 10.1)

5. *Tribal Public Health Resources and Communication*: Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country may include, but are not limited to, the following:

- Provide information about public health issues and public health functions through multiple methods to audiences in multiple sectors and community partners (PHAB Standard 3.2)
- Assist the target population with developing and disseminating educational materials, health communication and marketing activities, program evaluation and assessment tools, and training curricula that build their capacity
- Promote the target population's understanding of and support for policies and strategies that will improve the public's health
- Actively communicate research results, evaluations, and evidence-based and evidence-informed practices in a culturally appropriate manner
- Assist the target population in providing and using the results of health data analysis to develop recommendations for public health policy, processes, programs, and/or interventions.
- Develop and implement culturally appropriate health communication and marketing activities as a multidisciplinary area of science, practice, and training
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors in collaborative efforts to move toward a healthier population

- Assist the target population in documenting the status of health disparities and health equity outcomes in a culturally appropriate manner

6. *Tribal Public Health Partnerships:* Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels may include, but are not limited to, the following:

- Facilitate mobilization of public and private sectors to enhance collaboration and partnerships that address the target population's public health needs
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors (e.g., transportation agencies, law enforcement agencies, fire departments, school systems, colleges and universities) in collaborative efforts to move toward a healthier population
- Establish and maintain diverse public health partnerships for meaningful cooperation and achievement of evidence-based and evidence-informed public health strategies and interventions
- Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity (PHAB Standard 12.2)
- Actively engage with the public health system and community in identifying and addressing health problems through collaborative processes
- Increase active participation in partnerships and collaborations with healthcare providers, governmental departments, public health scientific communities, universities, and private sector organizations to pursue identified population health goals
- Encourage the governing entity's engagement in the health department's overall obligations and responsibilities
- Evaluate existing, emerging, or new models that promote collaboration among key stakeholders to address the health and safety of persons living with the leading causes of mortality, morbidity, and injury

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Recipients will collaborate with other CDC centers, institutes, and offices (CIOs) to ensure that activities and funding do not duplicate work but instead are coordinated with and complementary to efforts supported under other CDC programs. Additionally, collaboration across CDC CIOs is anticipated to improve program guidance, implementation, and evaluation. Successful applicants are expected to participate in stakeholder meetings and provide expert consultation to CDC/OSTLTS and other CDC CIOs (as requested). Successful applicants will also collaborate with other CDC-funded public health partners and CDC to identify and address public health infrastructure and capacity-building needs across Indian Country.

b. With organizations not funded by CDC:

Successful applicants are encouraged to build and sustain strategic partnerships and

collaborations with organizations that have a role in achieving this program's strategies, activities, and outcomes. Applicants are encouraged to submit letters of support to demonstrate collaborations with other organizations. Files should be named "Letters of Support", and uploaded as a PDF at www.grants.gov.

2. Target Populations

Within the **Background** section of the **Project Narrative**, applicants must clearly identify **one or more** of the following target populations on which their project will focus:

- Tribal public health departments
  - An applicant focusing on this target population will address the priority organizational-level capacity building and quality improvement needs of a tribal public health department.
  - Organizational level includes but is not limited to business processes, system design, strategic planning, resource management, and agency leadership.

- Workforce segments across tribal public health departments
  - An applicant focusing on this target population will address the priority capacity building and quality improvement needs of the tribal public health workforce.
  - Workforce segments can include but are not limited to community health workers, disease investigation specialists, epidemiologist, environmentalists, nutritionists, environmental and public health lawyers, and statisticians.

- Nongovernmental tribal public health components
  - An applicant focusing on this target population will address the priority capacity building and quality improvement needs of nongovernmental components of the tribal public health system.
  - Activities targeting this population must leverage the organization's expertise and networks to benefit a tribal public health system.
  - Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, elected tribal officials, clinics, hospitals, educational institutions, and public safety agencies.

a. Health Disparities

Inadequate infrastructure in tribal public health systems contributes to a lack of functional capacity to eliminate health disparities among AI/ANs. Gaps are observed across multiple domains from epidemiology and surveillance to program development/implementation to general business practices and partnerships. The cumulative impact of these gaps is that AI/AN communities are among the populations most affected by health disparities, with AI/ANs having the shortest life expectancy of any population in the US.

AI/AN communities experience multiple types of health disparities, including higher rates of disability, unintentional injury, and diabetes than that of the general US population.

This CoAg aims to provide resources to assist tribal nations strengthening their public health infrastructure in order for them to better plan, deliver, evaluate, and improve the health of Indian Country. The applicant is strongly encouraged to collaborate with partners that provide public health services to people with disabilities; non-English speaking persons; lesbian, gay, bisexual, and transgender (LGBT) persons; and people with limited health literacy.

iv. Funding Strategy

This funding opportunity will use a two-part strategy.

Funding Strategy 1: Initial Funding - Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO. Awards under Funding Strategy 1 will support building capacities and capabilities. Applicants selected for Funding Strategy 1 will become part of a group of organizations that are eligible for funding under Funding Strategy 2.

Funding Strategy 2: CIO Project Plans - The second funding strategy is subject to the availability of appropriated funds and agency priorities. To maximize CDC's program priorities and health system needs in Indian Country, applicants funded under Funding Strategy 1 will be eligible to apply for additional funding under Funding Strategy 2. Under Funding Strategy 2, CDC will publish and compete CIO project plans according to geographic categories. The plans will be published on www.grants.gov as a supplement to CDC-RFA-OT18-1803. Organizations will submit "Work Plans in Response to CIO Project Plans" that are relevant to the geographic category and target population for which they were awarded funding under Funding Strategy 1.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurements will monitor the extent to which planned activities are completed successfully, show the effectiveness of capacity-building and quality improvement activities in AI/AN tribal settings, and demonstrate achievement of program outcomes. CDC uses evaluation findings to ensure continuous program quality improvement, help create an evidence base for culturally appropriate capacity-building strategies, and assess which capacity-building and quality improvement strategies are scalable.

CDC's strategy for monitoring and evaluating recipient and program performance will be consistent with the logic model and approach presented earlier. The recipient is expected to 1) track the implementation of capacity-building and quality improvement strategies and activities, and 2) determine the progress made in achieving outcomes for the selected target population. CDC will use the information collected from recipients' progress reports (the frequency of these reports is to be determined) and annual performance reports to document project status and completion. Conference calls (the frequency of these calls is to be determined) between CDC and recipients will include discussion of project updates, technical assistance needs, and challenges around and solutions for completing activities.

At times specified by the program, all recipients will be required to complete a basic assessment against national standards for their chosen target population. The assessment will assist both the recipients and CDC with program evaluation.

Process measures will track the implementation of strategies and activities, while outcome

measures will determine progress in achieving the period of performance (5-year) outcomes. The capacity building and quality improvement strategies, activities, and outcomes will depend on the target population's needs and emerging public health issues. The program will work with recipients to determine with process and outcomes are most appropriate for them. Proposed measures of effectiveness must be objective and quantitative and must measure the intended outcomes of the program. The proposed measures must

1. Indicate meaningful change over time (e.g., increase, decrease)
2. Clarify the unit of measurement (e.g., number of, percentage of)

The table below gives examples of process and outcome measures for each Strategic Area listed in the logic model.

Strategic Area	Process Measure	Outcome Measure
Tribal Public Health System Infrastructure	Number of staff within the recipient's organization that received quality improvement training Number of tribal organizations recipient trained in quality improvement (e.g., regional AI/AN tribally designated organization providing quality improvement training to tribal public health workforce within service area) Number of policies and work plans that were developed to guide activities that support and improve operational capacity Number of organizations conducting self-assessments against national public health standards to determine strengths, gaps, and opportunities	Number of organizations that reported closing gaps in meeting the national public health department standards Number of organizations that report progress toward meeting national public health department standards across more than one domain
Tribal Public Health Workforce	Number of staff whose training plans were developed using core or discipline-specific competencies Number of staff who received competency-based training	Percentage of staff who received competency-based training who report improved knowledge or skills in core competencies
Tribal Data/Information Systems	Number of staff trained on standardizing data collection processes Number of staff trained on data collection (e.g., surveillance, health/burden assessment, program evaluation) Number of staff trained on data analysis Number of organizations conducting a tribal community health assessment that includes both primary and secondary data	Number of organizations whose capacity to collect or enhance tribal health data was improved (e.g., new or improved surveillance system, collection of morbidity and mortality data among AI/ANs, established linkages across data systems)
Tribal Public Health Programs and Services	Number of staff trained on translating evidence-based science into culturally relevant public health programs and services	Number of public health programs and services that incorporate culturally-appropriate evidence-based/informed practices Number of organizations that implement culturally appropriate public health programs and services
Tribal Public Health Resources and Communication	Number of organizations that establish and/or maintain a plan for urgent and non-urgent communications Number of programs receiving technical assistance to assess current communication materials and processes to develop culturally relevant public health resources Number of programs receiving training on translating national recommendations and evidence-based science into culturally appropriate public health tools	Number of programs that use technology (e.g., social media platforms, smartphone applications, radio) to disseminate information Number of programs that share the culturally relevant public health resources and communication tools developed
Tribal Public Health Partnerships	Number of organizations attending workshops, conferences, meetings, and offering strategies to convene partners Number of organizations reporting partnerships that have been formalized (i.e., new MOUS/MOAs and collaborative relationships defined in CoAg)	Number of organizations that identify community assets and address public health needs through collaborative processes

CDC will work with recipients to select performance measures, put the performance measures into place, and help identify available and feasible data sources for the measures. CDC and recipients will have six months after the award to work together to finalize the measures.

Recipients are responsible for gathering and analyzing data for the performance measures and their tribal- and Strategic Area-specific evaluations. With these measures, recipients and CDC will track the implementation of capacity building and quality improvement efforts and the achievement of the intended outcomes. CDC will develop aggregate performance measure reports (frequency to be determined) to be disseminated by multiple methods to recipients and other key stakeholders, including federal partners, non-funded partners, and others. CDC may

present these aggregate findings during site visits and recipient meetings.

Applicants must provide a statement of commitment to provide a Data Management Plan (DMP) after the award, once specific data generation and collection activities are defined. In the DMP, recipients will describe how they intend to manage, preserve, and make accessible data generated or collected with CDC funding. CDC will define the details of how the DMP is to be structured (e.g., narrative, table).

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Applicants evaluation and performance measurement plan must provide a detailed description for year one evaluation activities and specific element to be evaluated over the five-year period of performance. Applicants are expected to develop performance measures specific to the strategies, activities and outcomes outlined in the proposed work plan. The evaluation and performance measurement plan must meet the minimum requirements, as stated above.

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity provides an opportunity for applicants to demonstrate their ability to execute this program's strategies and activities and achieve its outcomes. Applicants should have adequate infrastructure (equipment and physical space), information and data systems, electronic information and communication systems, and workforce capacity and competence to execute the award.

General capacity: All applicants must describe their organizational capacity to carry out CDC program requirements and meet the period of performance outcomes. Day-to-day responsibilities for key tasks, such as project leadership, monitoring of the project's ongoing progress, preparation of reports, program evaluation, and communication with partners and CDC, should be outlined.

Current and Recent Programs: Applicants must demonstrate adequate expertise in program planning, program implementation, performance monitoring, and program evaluation as they relate to the strategies and activities. Expertise in these areas should be demonstrated in descriptions of current or recent programs designed, implemented, and evaluated by the applicant. When describing current and recent programs, applicants must also demonstrate adequate capacity and experience necessary to develop and implement programs for tribal public health systems.

Procurement Activities: Applicants must demonstrate expertise in writing, negotiating, awarding and executing contracts and consulting agreements as they relate to individual projects funded under this program. Applicants must also demonstrate expertise in financial reporting, budget management and budget administration. Applicants must be fully capable of managing the required deliverables in accordance with 45 C.F.R. Applicants must submit a CV/resume for staff who will be involved in procurement activities and describe the organization’s capacity to execute contracts and consulting agreements.

Staffing and Partnerships: Applicants must demonstrate adequate capacity and expertise in personnel management and program staffing. Program staffing includes the ability to develop and maintain partnerships and recruit and hire for general staff expansion and specialized expertise. Documentation to illustrate adequate staffing plan and program management structure includes organizational charts, job descriptions, CVs/resumes, and staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes. Letters of support from other organizations should be used to demonstrate ability to build and maintain partnerships.

Relationship with Target Population: Applicants must also describe the nature of their relationship with the target population and history (including number of years) of serving or working with the target population selected for this cooperative agreement. The history should also include examples of previous capacity-building and quality improvement efforts and the results of those efforts. If applicants submit letters of support from members of the target population and related stakeholders, the letters should outline the target population’s interest in the tribal public health capacity-building and quality improvement efforts, the current relationship with the applicant, and previous examples of capacity-building and quality improvement activities received from the applicant.

Current CDC Capacity-Building and Quality Improvement Funding: If applicable,

applicants must provide a description of their current CDC-funded capacity-building projects, including the name of the funding mechanism (CDC-RFA number), target population, type of capacity-building provided and delivery method, and outcomes achieved.

d. Work Plan

Development of the work plan should be based on the Average One Year Award Amount, which is supported under Funding Strategy I.

Work plans for applicants must include, at a minimum, the following:

- Identification of the following for which the applicant is applying:
  - **One or more** of the six Strategic Areas within the logic model (see page 5 of NOFO)
  - **Two or more** of the 10 bolded outcomes within the logic model (see page 5 of NOFO)
- A descriptive detailed Year 1 plan with S.M.A.R.T. (specific, measurable, achievable, realistic, and time-bound) activities to support achievement of the outcomes chosen. These activities must align with the cooperative agreement's logic model and should have appropriate performance measures or milestones for accomplishing tasks. More information about S.M.A.R.T. is available at Develop Smart Objectives
- A high-level five-year work plan that addresses how progress will continue
- Intended outcomes for the first year of the period of performance and how they will be measured
- Program strategies to be used during the first year of the period of performance
- Mechanisms to address selected program strategies
- Timeline for the first year of the period of performance

A sample work plan template is provided below. Applicants are required to include all of the elements listed within the sample work plan. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award.

Period of Performance Outcome:	**Outcome Measure:**
[from Outcomes section and/or logic model] *Example 1: Improved collection, maintenance, interpretation, and dissemination of tribal health data*	*[from Evaluation and Performance Measurement section]* *Example 1: Number of organizations whose capacity to collect or enhance tribal health data was improved (e.g., new or improved surveillance system, collection of morbidity and mortality data among AI/ANs, established linkages across data systems)*

Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1. Example: Tribal Data/Information Systems	Number of staff trained on standardizing data collection processes	Health Director	March 2019
2.			
3.			
4.			
5.			
6.			

e. CDC Monitoring and Accountability Approach
Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure

satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

In a cooperative agreement, CDC staff members are substantially involved in program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to provide capacity-building assistance to tribal health systems
2. Provide guidance and coordination to funded tribal organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded tribal organizations that would not normally interact with each other or collaborate on tribal public health efforts
4. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance
5. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U38
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	$12,500,000
5. Approximate Period of Performance Funding:	$62,500,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$62,500,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	25

Each applicant should identify the following geographic category they serve: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X. The following is the approximate number of awards for each category:

- Category A: up to 8 awards
- Category B: up to 8 awards
- Category C: up to 9 awards

8. Approximate Average Award: $50,000 Per Project Period

9. Award Ceiling: $500,000 Per Project Period

This amount is subject to the availability of funds.

10. Award Floor: $20,000 Per Project Period

11. Estimated Award Date: 08/01/2018
12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.

Consistent with the cited authority for this cooperative agreement, direct assistance may be available in the form of equipment, supplies, materials, and/or federal personal. If your request for DA is approved as a part of your award, CDC will reduce the funding amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the recipient.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal

governments)
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

An applicant must be in one of the applicant types listed here to be eligible for funding.

- Federally recognized AI/AN tribal nations must demonstrate support from **the tribe** by providing an official letter from a currently elected tribal leader, or a tribal resolution
- Regional AI/AN tribally designated organizations must demonstrate support in the form of tribal resolutions or letters of support from currently elected tribal leaders from **at least half** of the tribes within the organization's service area

Official email correspondence from elected leaders will be accepted. Files should be named "Tribal Support", and uploaded as PDFs at www.grants.gov.

CDC will consider any application that does not include this documentation as non-responsive and it will not receive further review.

Please note the following NOFO-specific terms: Federally recognized AI/AN tribal nations refers to Native American tribal governments (Federally recognized) and American Indian or Alaska Native tribal governments (federally recognized). Regional AI/AN tribally designated organizations refer to Native American tribal organizations (other than federally recognized tribal governments) and American Indian or Alaska Native tribally designated organizations.

3. Justification for Less than Maximum Competition

Executive Order 13175, "Consultation and Coordination with Indian Tribal Governments," 65 FR 67, 249, issued by President Clinton on November 6, 2000, and the Presidential Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation, 74 FR 57881, signed by President Obama on November 5, 2009 [http://www.gsa.gov/portal

/content/101569] encourage strengthening intergovernmental relations between the federal government and AI/AN tribal nations. As such, eligibility for this CoAg is limited to federally recognized American Indian and Alaska Native (AI/AN) tribal nations and regional tribally designated organizations.

AI/AN tribal nations have the right of self-determination and governance over their citizens. In addition, AI/AN tribal nations and regional tribally designated organizations have a unique understanding of AI/AN cultures, fluency in Native languages, knowledge of indigenous history and traditional practices. These entities are the best qualified to address AI/AN public health needs in an efficient, effective, and culturally-appropriate manner.

AI/AN tribal public health infrastructure and capacity initiatives and quality improvements are more likely to be sustained when they begin as tribal initiatives rather than as external initiatives. This CoAg will further efforts in Indian Country by supporting a culturally-appropriate approach advocated for and by the CDC/ATSDR Tribal Advisory Committee, tribal public health practitioners and partners. Direct funding will support tribal governments and tribal-serving organizations in making sound and efficient public health planning and resource allocation. The funding method for this CoAg will allow for more programs in CDC to provide direct funding to Indian Country in order to improve tribal public health systems and reach the outcomes stated in the logic model.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this program, CDC strongly encourage recipients to leverage other resources and related ongoing efforts to promote sustainability.

Sources for cost sharing or matching include complementary foundation funding, other US government funding sources, including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, US Park Service) and other funding sources.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):
The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov*.**

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award	1. Retrieve organizations DUNS number	3-5 Business Days but up	For SAM Customer

	Management (SAM) formerly Central Contractor Registration (CCR)	2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	to 2 weeks and must be renewed once a year	Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **03/30/2018**

b. Application Deadline

Due Date for Applications: **04/24/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

First: March 12, 2018, 3:00–4:30 pm (EDT)

Final: March 20, 2018, 2:00–3:30 pm (EDT)

Conference Call Line (Toll Free): 1-800-369-1960 | Participant Passcode: 9975592

Due to the volume and variety of questions anticipated during the Informational Conference call, applicants are encouraged to submit questions beforehand to OSTLTSTribalNOFO@cdc.gov.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g.,

equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.
Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. LOIs are requested but not required. LOI should be sent by March 30, 2018 via U.S. express mail, delivery service, fax, or email to:

Naomi Aspaas

CDC, OSTLTS

Address: 4770 Buford Highway NE, MS E-70, Atlanta, GA 30341

Telephone number: (404) 498-0300

Fax: (404) 498-6882

Email address: OSTLTSTribalNOFO@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

Applicants are encouraged to file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

2. Target Populations and Health Disparities
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions

of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be

subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for

this notice of funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach — Maximum Points:40

Responsive applications submitted under this funding opportunity will be reviewed objectively and evaluated against the following criteria:

1. Background and Problem Statement (10 points): Concisely and comprehensively provides information relative to the problem, including the following:

- Applicants must identify
  - Applicant type (**Identify only one**.)

        - AI/AN tribal nation
        - Regional AI/AN tribally designated organization

    - Geographic category serving (**Identify only one**.)
        - Category A: HHS Regions I, II, III, and IV
        - Category B: HHS Regions V, VI, and VII
        - Category C: HHS Regions VIII, IX, and X

    - Specific target population (see 2. Target Populations on page 10 of NOFO)
        - Tribal public health department(s)
        - Workforce segments across tribal public health departments
        - Nongovernmental tribal public health component(s)

- Evidence for the target population's capacity-building and quality improvement needs
- Understanding of the capacity-building and quality improvement needs for the target population
- Related opportunities and gaps affecting the target population

2. Purpose and Outcomes (5 points): Clearly outlines the purpose of the program to address tribal public health capacity and infrastructure needs, including the following:

- Identify **two or more** of the 10 bolded outcomes (see Logic Model on page 5) on which the project will focus
- How outcomes will be achieved through intervention activities, providing evidence of planned data collection tools and measurement strategies
- The extent to which the five-year period of performance outcomes are achievable

3. Strategies and activities (25 points): Each applicant has to choose **one or more** Strategic Area (see Logic Model on page 5 and Strategies and Activities section beginning on page 6) on which to focus

    - For federal recognized AI/AN tribal nations:
        - Describe commitment to implementing activities proposed under the chosen Strategic Area(s) in the Logic Model
        - Provide timeline for periodically self-assessing the status of performance, including describing the development or use of an existing assessment during the first year
        - Describe how first-year assessment results will be used to improve infrastructure and capacity
        - Describe established or willingness to establish partnerships to carry out related federal initiatives that have been translated and/or adapted for local program use, as described in the "Strategies and Activities" section
        - Describe capacity, plans, and willingness to share successful approaches widely through various venues for broad diffusion of innovation, including other recipients, across Indian Country, and beyond
    - For regional AI/AN tribally designated organizations:

- Describe how you will work with AI/AN tribal nations throughout the area to assess the capacity of public health systems and develop plans to implement the Strategic Areas and activities
- Describe how you will provide financial support to tribal nations to implement their chosen Strategic Area(s) and activities
- Describe how epidemiological and evaluation support will be provided to tribal nations
- Describe how you will convene leadership meetings across tribes to share information and develop partnerships across Indian Country
- Describe how you will provide technical assistance to tribal nations

ii. Evaluation and Performance Measurement Maximum Points:30

The extent to which the applicant:

1. Proposes an evaluation plan that is incorporates the CDC Evaluation and Performance Measurement Strategy section (5 points).

- How will key program partners be engaged in the evaluation and performance measurement planning process?
- What types of evaluation (e.g., process, outcome) will be used to demonstrate the program's effectiveness and the activities related to performance outcomes?
- What tools or assessments will be used to provide baseline data (first year) and ongoing data on performance of public health capacity and infrastructure improvement?
- How will data be collected locally and provided to CDC?

2. Provides evidence of appropriate data collection instruments (quantitative, qualitative, and/or ethnographic) that contribute to the evaluation plan to measure interventions and activities related to performance outcomes (5 points)
3. Describes how evaluation findings will be used for continuous program quality improvement (5 points)
4. Develops measures of effectiveness that are consistent with the objectives identified in the work plan and are likely to measure the intended outcomes (5 points)
5. Provides potentially available data sources (from partners, programs, agencies, etc.) and how those data sources will be used to measure and/or provide context for tribal public health systems (5 points)
6. Indicates willingness for CDC to share aggregated program information with other recipients under this application and CDC programs for overall program improvement and determination of reaching overall program outcomes (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:30

1. Organizational Capacity Statement (10 points)

- Demonstrates the ability to execute the CDC strategies and activities and meet

the period of performance outcomes

2. Project Management/Staffing Plans (10 points)

- Demonstrates relevant experience and capacity to implement the activities, achieve the project outcomes, and implement the evaluation plan, and describes a staffing plan and project management structure that
    - Indicates appropriate staff member experience
    - Demonstrates clearly defined roles for staff members
    - Demonstrates sufficient staff member capacity to accomplish program goals

3. Applicant-Type Specific Relationship with Target Population (10 points)

- For AI/AN tribal nations:
    - Demonstrates capacity and willingness to engage in the requirements of the cooperative agreement, including cultural adaptations of interventions, adherence to and needed adaptation of evaluation methods for cultural integrity, data sharing across tribal programs in the tribal community to be served, and provision of program data with CDC and other recipients
    - Provides documented evidence of providing public health services and public health system improvement, recent examples of the content and methodology of capacity-building efforts implemented, and information about the outcomes or benefits that were demonstrated
- For regional AI/AN tribally designated organizations:
    - Describes the nature of their relationship with AI/AN tribal populations and their history (including number of years) serving or working with the tribes and AI/AN population
    - Includes evidence of providing formal training and technical assistance, along with recent examples of the content and evaluation of training and technical assistance

Budget

The Budget and Budget Narrative are reviewed but not scored. The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities will be considered.

c. Phase III Review

In addition, the following factors may affect the funding decision during Phase II Review:

- Preference may be given to avoid duplication of capacity-building services to the same target populations.
- Preference will be given to ensure funding of organizations that provide capacity-building services to target populations not duplicated in other CDC funding

mechanisms.

Note: CDC may fund out of rank order to achieve geographic and/or programmatic diversity.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are

debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Funding Strategy 1 (Initial Funding): August 1, 2018

Funding Strategy 2 (CIO Project Plans): September 1, 2018

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

ARs applicable to all Awards:

- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

ARs applicable to HIV/AIDS Awards:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

ARs applicable to ATSDR Awards:

- AR-18: Cost Recovery – ATSDR
- AR-19: Third Party Agreements – ATSDR

ARs applicable to Conference Awards:

- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

Organization Specific ARs:

- AR-15: Proof of Non-profit Status (Non-profit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC

Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into the award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Frequency to be determined within 6 months of award.	Yes, where applicable
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; October 30 of each budget period.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

For year 2 and beyond of the award, recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

- *Express a bona fide need for permission to use an unobligated balance;*
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

Recipients must email the report to the CDC Program Office and Grants Staff contacts listed in the "Agency Contacts" section.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report

must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

Recipients must email the report to the CDC Program Office and Grants Staff contacts listed in the "Agency Contacts" section.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign

Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Naomi Aspaas, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE

MS E-70

Atlanta, GA 30341

Fax: 404-498-6882

Telephone: 404.498.0300
Email: OSTLTSTribalNOFO@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

Rose Mosley, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road

Atlanta, GA 30341-4146

Telephone: (770) 488-2450
Email: RMosley@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their

application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet,

obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in

the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or

civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Authority: Legal authorizations that outline the legal basis for the components of each individual NOFO. A CDC Office of General Counsel representative may assist in choosing the authorities appropriate to any given program.

Capabilities: Represent features, abilities, or processes that can be developed or improved. They are dynamic knowledge, skills, and resources required to achieve effective and efficient practice, programs, and services.

Capacities: Are attributes that enable systems, organizations, communities, or individuals to successfully implement actions to pursue their mission and achieve goals. Attributes may include but are not limited to resources, data and information systems, authorities, governance, and decision-making structures.

Core Public Health Functions: Are assessment, assurance, and policy development (IOM, 1988).

Core Public Health Infrastructure: Includes continuous performance measurement and quality improvement capacity to assure that the systems supporting public health services and programs are robust efficient; workforce capacity and competency; laboratory systems; health information and systems; and health information analysis for decision making; communications; legal authorities; financing; other relevant components of organizational capacity; and other related activities.

Essential Public Health Services: The 10 essential public health services describe the public health activities that all communities should undertake: 1) Monitor health status to identify and solve community health problems; 2) Diagnose and investigate health problems and health hazards in the community; 3) Inform, educate, and empower people about health issues; 4) Mobilize community partnerships and action to identify and solve health problems; 5) Develop policies and plans that support individual and community health efforts; 6) Enforce laws and regulations that protect health and ensure safety; 7) Link people to needed personal health

services and assure the provision of health care when otherwise unavailable; 8) Assure competent public and personal health care workforce; 9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services; and 10) Research for new insights and innovative solutions to health problems.

Federally Recognized Tribal Governments: Indian tribes with whom the federal government maintains an official government-to-government relationship; usually established by a federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA) maintains and regularly publishes the list of federally recognized Indian tribes. (Ref. HHS Tribal Consultation Policy, section 17)

Indian Organization: Any regional organization whose board is comprised of Federally recognized Indian Tribes and elected/appointed Tribal leaders.

Infrastructure: Infrastructure includes capacity, systems, procedures, and protocols within communities, institutions, and networks that support the goals of this NOFO, including leadership and coordination of public health efforts, promotion of healthy behaviors, chronic disease control, strengthened public health surveillance and improved epidemiologic capacity.

Multi-jurisdictional: The relationship must be that of the health departments working together to deliver services and/or perform functions over the combined jurisdiction. For multi-jurisdictional applications, the partnering health departments, which could be two or more health departments, will apply as a single entity. The business and working relationship of multi-jurisdictional applicants must be well-established and well-defined. Multi-jurisdictional applications should demonstrate a high degree of interdependence in order to be considered a legitimate application.

Nongovernmental Tribal Public Health Components: "Nongovernmental tribal public health," or "other components of the tribal public health system" may include, but is not limited to community and neighborhood health centers, primary care delivery systems, community and faith-based organizations, public health institutes, primary care residency programs, health insurance consortia, or family/social services programs.

Public Health System Infrastructure: The fundamental actions, planning, relationships, and resources required to create the minimum opportunity for public health efforts to succeed. Infrastructure is not a single entity, but a broad array of essential services and capacities encompassing leadership, governance, financing, workforce, community planning, quality improvement, and more. Agencies must invest in, actively monitor, and continuously update these components to maintain quality infrastructure.

Public Health System: Commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services. The public health system includes public health agencies at all governmental levels, healthcare providers, public safety agencies, human service and charity organizations, education and youth development organizations, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies and organizations.

Technical Monitor: A subject matter expert responsible for providing recipients with technical

assistance.

Tribal Health Department: A federally recognized Tribal government, Tribal organization, or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order, or other legal means, intended to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events. Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership, or formal collaboration.

Tribal Nation: An American Indian or Alaska Native Tribe, Band, Nation, Pueblo, Village or Community that the Secretary of the Interior acknowledges to exist as an Indian Tribe pursuant to the Federally Recognized Indian Tribe List Act of 1994, 25 USC 479a.

Tribal Organization: The recognizing governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indian in all phases of its activities. For the purposes of this NOFO, this includes Inter-Tribal Consortia, Urban Indian Organizations, regional Indian health boards, and tribally owned and operated health systems.

Tribally Designated Organization: Any regional organization whose board is comprised of Federally recognized Indian Tribes and elected/appointed Tribal leaders or the recognized governing body of any Indian tribe or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. For the purposes of this NOFO, this includes Inter-Tribal Consortia, Urban Indian Organizations, regional Indian health boards, and tribally owned and operated health systems.

Urban Indian Organization: A nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors and providing for the maximum participation of all interested Indian groups.

Workforce Segment: "Workforce segment" includes but is not limited to community health workers, epidemiologists, environmental health specialists, community health representatives, health educators, program directors, public health nurses, and governance boards.